

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5498 STATE FILE NUMBER 63-040053

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>10 Day</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2323 S. W. Parkway</u>		d. STREET ADDRESS (If outside, give location) <u>4142 Rainbow Blvd</u>	
Senior - Estates		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JACOB</u> Middle <u>J.</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>October</u> Day <u>8</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2-1878</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR REPAIRMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>		
11a. BIRTHPLACE (City and state or country) <u>Celestine-Indiana</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>Phillip Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brang</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. INFORMANT <u>Margaret Schleicher - 4428 Lloyd-Kok</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral infarction</u> DUE TO (b) <u>Cerebral degeneration</u> DUE TO (c) <u>Cerebrovascular post + H. meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:30</u> a.m. <u>PM</u> Month, Day, Year <u>Oct 8 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1951</u>		20f. CITY, TOWN, OR LOCATION <u>St Joseph</u>	
21. I attended the deceased from <u>4:30 PM</u> to <u>Oct 8 1963</u> and last saw him alive on <u>Oct 8 1963</u> Death occurred at <u>4:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>10-10-63</u>	
22a. SIGNATURE <u>John T. Skinner MD</u>		22b. ADDRESS <u>1102 S. Main St. Shawnee</u>	
23a. SURVIVAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct 10-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Shawnee - KANSAS</u>	
24. FUNERAL DIRECTOR <u>Shawnee</u>		25. DATE RECD. BY LOCAL REG. <u>10-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>		27. ADDRESS <u>1901 Olatho Blvd Kansas City, K</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
T. Skinner  
MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park Kc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

J. T. SKINNER  
Bryant  
Bldg - V12-1010